



STATE OF IDAHO
DEPARTMENT OF ADMINISTRATION
OFFICE OF GROUP INSURANCE
P.O. BOX 83720 BOISE, ID 83720-0035
(208) 332-1860 OR 1-800-531-0597
ogi@adm.idaho.gov

Self Pay Reporting Form

Basic Life

*For submission to
The Office of Group Insurance
By the 5th of the Month*

Agency _____

Month _____

LWOP *Eligible to pay for 6 months only.*

Name & Social Security No.	Reason for LWOP	LWOP date	Certified Monthly Salary	Premium Paid
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# of employees		Total Salary	x .310%=	

Misc

Name & Social Security No.	Self Pay Reason	Premium Paid
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	Total premium received	

Attach all checks to form

Rev 11/2004